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COUNTRY USSR

SUBJECT Health and Sanitation Data - Kiev

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GENERAL

1. Kiev, which in 1940 had a population of about 800,000, consists of a downtown section made up of "the old town," Podol, "Riverside" and Lypki and the residential quarter made up of Pechersk and New Town. The suburbs or burroughs are Lukjanovka, Kurenevka, Solomenka, Demievka, Zvierinets and the Railroad Colony. Greater Kiev also includes on the left side of the Dnieper River: Nicolska Slobodka, Darniza, and Brovary; and on the right side of the River: Golosiev, Kitaiev, Post Volhynski, Sviatoshin, Pusha-Vodiza, Zhuliany and other smaller Slobodka. Communication is maintained by water (the Dnieper River) upstream with Chernigov, Chernobyl and Homel; and downstream with Dniepropetrovsk and Cherson. There are rail lines westward to Vinnitza and Odessa, Dniepropetrovsk and Rostov, Shepetovka and Rovno and Korosten and Kovel; eastward to Poltava and Kharkov and northward to Bryansk and Moscow. There were in 1940 air connections to Moscow, Lvov, Kharkov, Rostov and Odessa.

GENERAL HEALTH CONDITIONS

2. [] the most important causes of death in Kiev were: acute infections, tuberculosis, heart vessel and kidney diseases and malignances. No figures, of course, are available on the above. [] according to numerous official statements the birth rate in the 30's was always much higher than the death rate, and the infant mortality rate showed a gradual decrease, [] Typhoid and paratyphoid were always present but particularly strong in the late summer and in the fall. Dysentery was also at its worst in the fall. [] Scarlet fever was at its worst in the spring and fall. There were only sporadic cases of meningitis. Poliomyelitis was exceedingly rare. There were serious epidemics of typhus during the Civil War time, 1914-21, during the collectivization period, 1930-33, and during the second world war, 1941-43. There was a cholera epidemic in 1920 and an encephalitis epidemic in 1922. Malaria was common in the 1920's.

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WATER SUPPLY

Artesian wells were the principal source of water for Kiev for a long time prior to the Revolution. As the population increased, however, the total amount of water supplied by these wells became inadequate. Since the late 1920's water from the Dnieper River has been utilized. Waterworks with facilities for cleansing and disinfecting water have been installed. The quality of this water has been not quite adequate as regular examinations showed and boiling the water prior to use was officially recommended by the city government. These examinations were performed by the "City Sanitary Station." A system of conduits, water towers, etc., distributed water in the central quarters and burroughs but only partly in the peripheral parts of the city. This system was obsolete and not quite adequate. It was only rarely repaired and enlarged during the post-Revolution time. On the outskirts of Kiev and vicinity private draw wells were very popular.

SEWAGE DISPOSAL

4. Kiev had an operating sewerage system adequate for the population of the central part of the city. This system ultimately emptied the sewerage into the Dnieper River. Human excreta were not used for fertilizer. On the outskirts of the city most homes had outhouses. Kitchen refuse was collected in boxes in the backyard. Boxes were emptied only about once a week, and, therefore, provided excellent breeding places for flies.

MEDICAL TRAINING

5. Medical training of young physicians was fair. There was little room for initiative. Students were treated like machines. However, because of competition, only those students with above-average capacity were able to matriculate at medical schools. Many of these were able to acquire good medical knowledge by experience in praxis. There were some appreciable deviations, however. First, those with good party connections were able to go through on the examinations and get good appointments in research institutes and in other places both in small towns and in rural communities. Secondly, many feldshers were able to acquire minimum requirements for the physicians' license through correspondence courses. Their general education was too poor to acquire a satisfactory knowledge of medical sciences. The role of the feldshers in medical practice was declining at the time of my departure from Kiev. Physicians were overworked and they were unable to pay the necessary attention to their patients. Professional medical officers although important on paper were looked down on except for a very few enthusiasts. Only those who had failed because of competition to join faculties of general medicine or faculties of pediatrics would join public health schools.

HOSPITAL FACILITIES

6. There were about 30 hospitals in Kiev with a total bed capacity of about 10,000. These were of four types:
 - a. University (medical institutes);
 - b. General hospitals and hospitals for mental diseases;
 - c. "Special hospitals," off limits for common people, for high party members and the NKVD;
 - d. Mass Hospitals.

The treatment in any hospital included operations, examinations, medical inventory, etc., and was gratuitous. Patients in order to be admitted must have belonged to the "working people," (trade union members and their dependents who had paid social insurance dues). A patient could be admitted only by a special order signed by the physician of a "Polyclinic for Outpatients." There were seven or eight of these Polyclinics in the city with a large staff of physicians, practitioners and specialists. Exceptions to this rule were permitted only in the University hospitals. The professors (directors of service), their top associates, and associate professors were authorized to admit any patient as a "clinically interesting" case without any formalities. The number of these private patients, however, could not exceed ten per cent of the total number of patients in the hospital. Medical, surgical, nursing,

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obstetrical, gynecological, neurological, neuro-surgical, urological, ophthalmological and other services were available. Each service had 40 to 100 beds. Large hospitals similar to US hospitals were unknown. The staffs (doctors, nurses and attendants) were very large. Hospital equipment was very primitive (poor beds, sheets, blankets, linens, etc.). Wards were overcrowded. Almost all of the hospitals were built before the Revolution. The number of beds was completely inadequate in proportion to the growing population of the city. Surgical and X-ray equipment was obsolete. Laboratory equipment particularly for biochemical work was rather good. Drugs were excellent and up to date in the "Special hospitals," rather good in the University hospitals, and not very good in the common hospitals. [redacted] there was a shortage of some common laboratory reagents and glass equipment with the result that laboratories had to employ their own glass-blowers.

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7. The average time of a patient's hospitalization in Kiev was from 21 to 35 days. The mortality rate was between 4 and 6 per cent. Post mortem examination were obligatory. Any "medical errors" were discussed in special meetings. In many cases physicians could be prosecuted. Actually 25 to 100 per cent of the beds in any service were always occupied. Patients could obtain during the first six months of their illnesses compensation equivalent to their regular salaries. After this period they were classified invalids (temporary or permanent) and given miserable pensions.

MEDICAL RESEARCH

8. The calibre of medical research varied. Some scholars had access to foreign literature and had good facilities. Others were less fortunate. Secrecy and jealousy played too important a role for the general research program to be successful. In addition, scholars had to appoint highly inefficient assistants who were in favor with Party leaders. Suspicion, arrests, etc., were too often a part of research work. Scholars were afraid to show too much initiative.
9. Many physicians and scholars tried to avoid working in the field of bacteriology. Everyone who was in this field was under suspicion. Similarly, those who were working in the field of research on poisons were also under suspicion. Routine bacteriological experiments had to be carried out only by special personnel in special agencies. [redacted]

10. [redacted]

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SANITATION CONDITIONS

11. The work of sanitary inspectors was in general superficial. Poor sanitation resulted. The equipment of sanitary stations was primitive but apparently adequate for minimum requirements.
12. Members of staffs of institutes of industrial hygiene were afraid to be engaged in research leading to radical improvements in working conditions. Leading specialists such as Vigdorichik or Kaplan were liquidated because of such attempts. Sanitary and safety inspections in factories were highly superficial.
13. Bedbugs were "endemic" in most houses. Many patent remedies were used but all with rather poor results. Fleas were also prevalent in large numbers. Flies were present in late summer and in early fall. Window screens were not used. There were no mosquitos. In peacetime lice were almost absent.
14. The health department exercised control over slaughtering, meat handling, markets and restaurants. Cows' milk generally was distributed by the [redacted] ws.

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15. The public health department maintained control over tuberculosis, venereal disease, sanitation, maternity and infant care, and child health. Children were immunized against smallpox, BCG, diphtheria and possibly measles. The general public was immunized against smallpox, typhoid, paratyphoid, and dysentery.

CONCLUSIONS

16. In general, health conditions in Kiev were fair. Sanitation was poor; medical, dental and hospital care, fair; and the climatic effect on children, women and men was good. Special precautions to be taken in order to remain in good physical and mental health should include the following:
- a. Prevention from cold in winter, particularly in January and February. The temperature can be as low as 10° to 20° below zero fahrenheit.
 - b. The prevention of alimentary infections (boiled water, vegetables, etc.).

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